

Appendix 2
Arizona Preconception Health Strategic Plan 2011-2015 Plan Diagram

Arizona Preconception Health Strategic Plan 2011-2015

Arizona Department of Health Services
December 2010



Background

Preconception Health

What Is Preconception Health?

Preconception health relates to the health of women and couples before conception, whether it is the first or a subsequent pregnancy.

Improving preconception health can contribute to improvement in pregnancy-related outcomes. Furthermore, improving the health of mothers and fathers is a benefit in itself. With preconception health, everyone wins.



Preconception health is an important component of the life course perspective model. The life course perspective model recognizes that the health of an individual affects not only themselves but future generations as well. This model takes into account cumulative protective and risk factors in several domains, including physical, mental, environmental, economic, and spiritual health, in understanding health and disease patterns. Because critical periods of development are known to impact long term health, preconception health is woven into the life course perspective. As an example, studies conducted by Dr. David Barker¹ support a link between low birth weight babies and an increased risk for developing cardiovascular disease as adults. While it is generally accepted that smoking increases the risk of being diagnosed with lung cancer, more studies are pointing to a link between the mother's health behaviors long before pregnancy, the environment in the womb, and the long term effect on the health of the child as they age. Implementation of the strategies contained in this plan should reflect an understanding of the life course perspective as we move forward in improving the health of women, children, and their families.

What Is Needed to Achieve Preconception Health?

Achieving preconception health requires a multi-faceted approach. The goal is to identify and reduce behavioral, social, and biomedical risks through prevention and management, with an emphasis on those factors that are best addressed before conception or early in pregnancy.

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) published "Recommendations to Improve Preconception Health and Health Care" in the April 21, 2006 issue of the *Morbidity and Mortality Weekly Report (MMWR)*. CDC developed these recommendations based on a review of published research and the opinions of specialists from the

¹ Barker, D.J.P., Osmond, C., Golding, J., Kuh, D., & Wadsworth, M.E.J. (1989). Growth in Utero, Blood Pressure in Childhood and Adult Life, and Mortality From Cardiovascular Disease. *British Medical Journal*, (298), 564-7; and Barker, D.J.P. (1990). The Fetal and Infant Origins of Adult Disease. *British Medical Journal*, (301), 1111.

CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. The report identifies four goals:

- Improve knowledge and behaviors among men and women regarding preconception health.
- Assure all women of childbearing age receive preconception care services.
- Reduce risks associated with a previous poor birth outcome.
- Reduce disparities in adverse pregnancy outcomes.

In addition, the report outlines 10 recommendations that focus on changes in consumer knowledge, clinical practice, public health programs, healthcare financing, and data and research activities. The recommendations are as follows:

- *Individual responsibility across the lifespan.* Each woman, man, and couple should be encouraged to have a reproductive life plan.
- *Consumer awareness.* Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.
- *Preventive visits.* As part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.
- *Interventions for identified risks.* Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions.
- *Interconception care.* Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome.
- *Prepregnancy checkup.* Offer, as a component of maternity care, one prepregnancy visit for couples and persons planning pregnancy.
- *Health insurance coverage for women with low incomes.* Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care.
- *Public health programs and strategies.* Integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes.
- *Research.* Increase evidence base and promote the use of evidence to improve preconception health.
- *Monitoring improvements.* Maximize public health surveillance and related research mechanisms to monitor preconception health.

Arizona's Response

Since the release of the CDC's recommendations to improve preconception health in 2006, the Arizona Department of Health Services (ADHS) and its partners across the state have made steady progress in improving awareness about preconception health and increasing access to

preconception health services. The ADHS Bureau of Women's and Children's Health (BCWH) assessed internal programs serving women and children to identify opportunities for integrating preconception health education and services into program policies and procedures. This process resulted in policy revisions for the following programs: Health Start, High Risk Perinatal Community Health Nursing, Family Planning, and County Prenatal Block Grant. In addition, community grants were awarded to address the BWCH priority area of reducing preventable infant mortality rates and the services provided ranged from educating women of child-bearing age and nurse home visitors on preconception/interconception health to combating obesity by holding classes that focused on improving nutrition and physical activity levels.

In the summer of 2008 a task force was convened to review and adapt Every Woman educational materials, originally developed in California and subsequently updated by the Florida State Health Department, to make them specific to Arizona. The materials have been provided to WIC clinics, BWCH contractors, Preconception Health Care Summit attendees, all county health departments, and Healthy Start consortium members. The materials are available at the BWCH website and use of these materials continues to be promoted as appropriate.

In September 2008, the BWCH was awarded the First Time Motherhood/New Parents Initiative grant to: 1) develop a social marketing campaign targeting African American men and women ages 18-30 to increase awareness about preconception health and the life course perspective; 2) conduct educational sessions for African Americans residing in Maricopa County, Yuma, Tucson, and Sierra Vista; 3) train barbers

preconception
accurate information
information on
life course

through Grand
conferences, and
Preconception
integrate the
perspective message



and beauticians about
health so they can provide
to their clients; 4) provide
preconception care and the
perspective to health
professionals/physicians
Rounds at Level II hospitals,
workshops; 5) host a
Health Care Summit; and 6)
preconception/life course
into other related ADHS social

marketing campaigns where possible. As a result of this funding, the award winning LiveItChangeIt.com campaign was launched in October 2009; all Level III hospitals in Arizona offered Grand Rounds on preconception health care; community-based education was provided; and a very successful Preconception Health Care Summit was held on April 30, 2010. Although the grant funding has ended, the community presentation information developed is available on-line for others who want to continue increasing awareness in the African American community. DVDs of the Summit are also available as a resource for continuing education among health care providers, program staff, and policy makers.

During the past several years, the Arizona Chapter of the March of Dimes has funded a variety of preconception/interconception health efforts. A community health center in northern Arizona received funding to provide preconception health education to young parents. The Arizona Family

Planning Council is currently in the process of developing and coordinating preconception health care training for Title X family planning providers. A hospital-based preconception/interconception education program is being offered to young people. The Maricopa Integrated Health System (MIHS) Internatal Care Project offers clinical services and case management to women who deliver at Maricopa Medical Center and whose babies are admitted to the Newborn Intensive Care Unit. The March of Dimes funds supported the MIHS Internatal Care Project from its inception and the program has grown with funding from First Things First, Arizona's early childhood development and health agency. The MIHS Internatal Care Project is the only model of its type in Arizona. The March of Dimes also promotes utilization of National March of Dimes preconception health materials across the state.

National preconception health experts, Dr. Hani Astrash with the CDC and Dr. Michael Lu, Associate Professor of obstetrics and gynecology at UCLA, have visited Arizona several times to speak at Grand Rounds and other educational venues. Dr. Lu was a keynote speaker at the Arizona Public Health Association 2008 Fall Conference, as well as the 2010 Preconception Health Care Summit. Arizona recently added improving the health of women prior to pregnancy as one of its top maternal and child health priorities, in recognition of the critical nature of this health concern and in response to public input. Preconception health addresses many aspects of health, including reproductive health, nutrition, physical activity, tobacco use, substance abuse, and mental health, as well as access to and utilization of quality health care.

Arizona recently added improving the health of women prior to pregnancy as one of its top maternal and child health priorities, in recognition of the critical nature of this health concern and in response to public input. In establishing this priority, it was noted that preconception health addresses many aspects of health, including reproductive health, nutrition, physical activity, tobacco use, substance abuse, and mental health, as well as access to and utilization of quality health care.

These activities led up to the creation of Arizona's Preconception Health Strategic Plan. The plan will serve as a guide for ADHS and its partners as we continue to improve the health of babies and subsequent generations by improving the health of children, youth, and adults of childbearing age.

Current Health Status



(Source: Arizona Department of Health Services, Arizona Maternal Child Health Needs Assessment 2010)

Attention to preconception health has been growing nationally and in Arizona because of its impact on the health status of the whole population. Indicators influenced by preconception health include prematurity and low birth weight. Prematurity is the leading cause of infant death in the United States and infants who survive often face lifelong health problems such as breathing and respiratory difficulties, cerebral palsy, vision and hearing loss, feeding and digestive problems, and intellectual disabilities. Premature infants frequently require

specialized care in neonatal intensive care units for weeks or months and the associated first year medical costs for a preterm birth are about 10 times that for a full-term baby. In Arizona, while the percentage of babies born preterm does not appear to be trending upward, it is still greater than the Healthy People 2010 goal and there are significant health disparities. Preterm birth is the strongest risk factor for low birth weight. While the percentage of Arizona births at low and very low birth weights has remained below the national average for several years, Arizona is not meeting the Healthy People 2010 goal and rates are significantly higher in certain demographics. The infant mortality rate in Arizona has fluctuated over the past decade and has typically been in alignment with the national rates, but Arizona will likely not meet the Healthy People 2010 goal unless some significant disparities are addressed.

Data on determinants of health, including risks and protective factors, also point to the importance of addressing preconception health in Arizona. In recent years, Arizona women ages 18-44 were less likely than women nationally to smoke, but there continue to be disparities, with women living in poverty more likely than other women giving birth to be smokers. Unlike smoking, which is decreasing, diabetes is on the rise. The rate of any type diabetes in mothers delivering a live birth nearly doubled in 2008. Hypertension is also rising, as is obesity, which is associated with this condition. Overweight and obesity can increase the chance of developing not only hypertension and diabetes, but also other chronic health conditions such as coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, high cholesterol/triglycerides, and some types of cancers. Nearly half of all reproductive age women in Arizona are either overweight or obese and Arizona is well above the Healthy People 2010 goal level. As with conditions mentioned previously, there are disparities—in the case of overweight and obesity, the disparities are associated with race and ethnicity, education, income, and residence.

A key protective factor for women of reproductive age is consuming multivitamins or supplements with folic acid. In 2007, about half reported taking multi-vitamins or supplements and some who reportedly knew the importance still did not engage in this behavior. Further, there were significant disparities linked with race and ethnicity, education, and income.

The Strategic Planning Process

In May 2010, following the Preconception Health Care Summit held in Arizona in April, ADHS established the Preconception Health Strategic Planning Task Force for the purpose of creating a statewide plan for improving the preconception health of Arizonans. The intent was for the plan to foster awareness and implementation of CDC's "Recommendations to Improve Preconception Health and Health Care" by serving as a guide for stakeholders in both public and private sectors who are interested in and willing to play an active role. The plan would build on past successes and work already in progress, serve as a mechanism for coordinating and integrating the work of individual agencies and organizations, and



provide a platform for identifying and taking advantage of funding opportunities.

In addition to representatives from several ADHS programs, members of the Task Force included representatives from the Apache County Public Health Department Services District, Arizona Association of Community Health Centers, Arizona Family Planning Council, Arizona Perinatal Trust, Asian Pacific Community in Action, Chandler Regional Medical Center, First Things First, Health Choice Arizona, March of Dimes, Maricopa County Department of Public Health, MIHS, Native Health/Health Start, Rural Health Office/University of Arizona College of Public Health, South Phoenix Healthy Start, Teen Outreach Pregnancy Services, and Yavapai County Community Health Services.

The Task Force met monthly from May through August 2010. A detailed description of the planning process is included as Appendix 1.

Next Steps

ADHS will convene a group of key community partners to guide and provide accountability in implementation of Arizona's Preconception Health Strategic Plan. We will develop and track progress toward detailed implementation plans. We will stay abreast of the latest research and policy changes that impact preconception health, as well as promising approaches to promoting public awareness, healthy behaviors, healthy and secure environments, and access to and delivery of physical, oral, and behavioral health services that contribute to preconception health. Lessons learned will be utilized to refine the approaches envisioned in this plan.



Arizona's Plan

Vision for the Future

Healthy mothers, fathers, and babies

Women and their partners enter into pregnancy as healthy as possible because they engage in healthy behaviors, ideally throughout their lifespan; have information, education, services, and support required to achieve good health; and live in safe and secure environments.

Guiding Principles

Preconception health relates to both females and males—it is not solely a matter of women's health.

Preconception health starts at the beginning of one's life—it is not limited to the prenatal period.

Preconception health is inclusive of physical health, mental health, and oral health.

Preconception health requires an ecological approach—health occurs within the context of one's family, community, and culture.

Effective promotion of preconception health requires awareness, respect, and consideration of diversity in its many forms.

Preconception health requires a focus on prevention—the emphasis should be on promoting health, reducing risks, early detection and intervention to address health issues, improving social factors that impact health, and promoting policies that support health.

Healthy Behaviors within a Healthy and Secure Environment

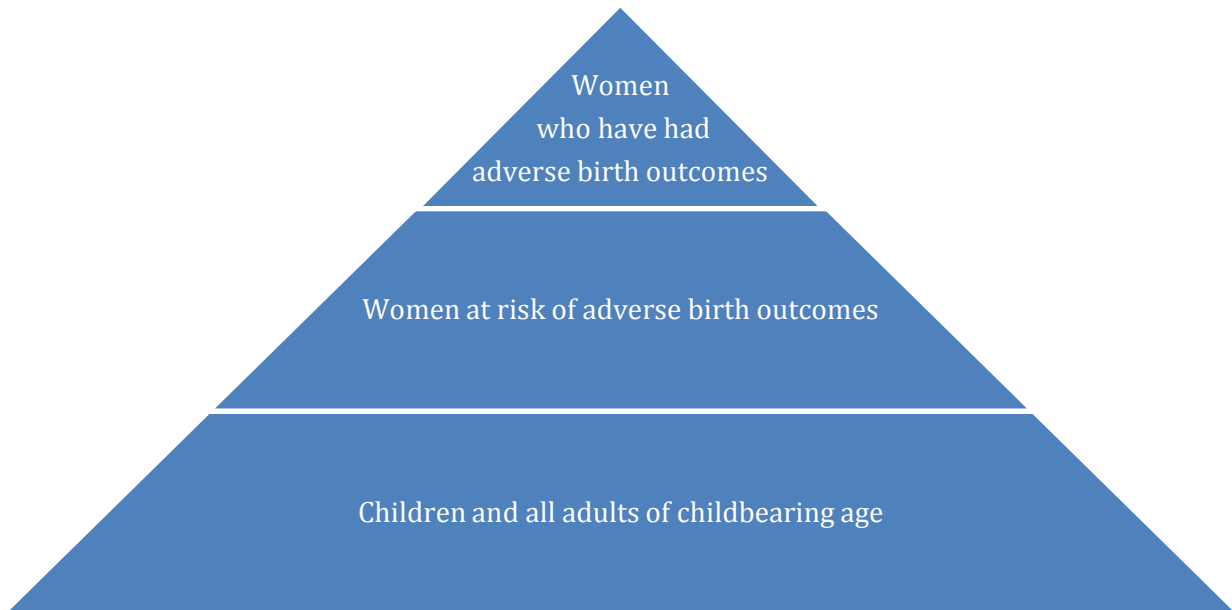
HEALTHY BEHAVIORS

Develop a reproductive health plan
Space pregnancies
Enter pregnancy as healthy as possible
Breastfeed
Maintain a healthy weight
Engage in physical activity
Engage in good oral health practices
Utilize preventive healthcare services
Follow the recommended immunization schedule for all ages
Manage chronic conditions
Engage in a mentally healthy lifestyle/utilize services when needed
Avoid use of tobacco and drugs
Avoid use of alcohol if planning and during pregnancy
Engage only in safe and responsible sexual practices
Be an informed consumer of healthcare

Supported by and within a

HEALTHY AND SECURE ENVIRONMENT

Target Populations



Goals

Goal 1: Public Awareness

Increase public and provider awareness of the importance of preconception health, ways to improve preconception health, and available resources and supports.

Goal #2: Healthy Behaviors

Promote behavior that contributes to preconception health among both women and men throughout the lifespan.

Goal #3: Access/Delivery of Quality Preconception Health/ Healthcare

Increase access to and delivery of physical, oral, and behavioral health services that contribute to preconception health.

Five-Year Strategies

Goal 1: Public Awareness

Goal 2: Healthy Behaviors

Work with and through community partners to increase health literacy (knowledge, skills, and confidence to take action that will lead to better health) among the public with whom they have contact.

Identify and leverage opportunities to work with and through community partners to promote environmental conditions that support healthy behaviors.

Identify and leverage opportunities to work with and through community partners to promote business/organizational and public policies that support healthy behaviors.

Goal 3: Access/Delivery of Quality Preconception Healthcare

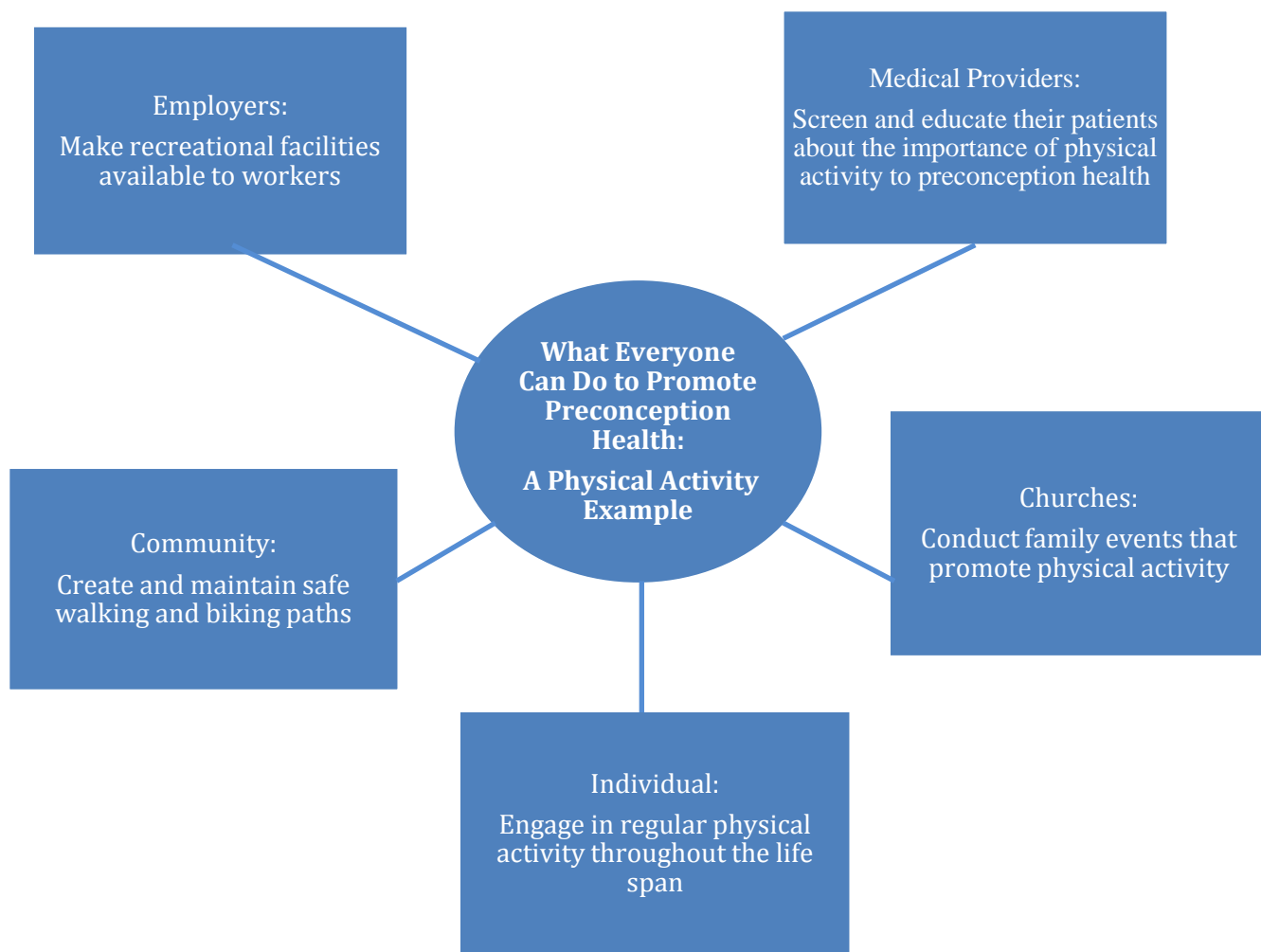
Provide information to healthcare providers and insurers on the benefits of preconception healthcare and best practices.

Work with and through healthcare providers, insurers, and other community healthcare partners to influence policy and practice.

Stay informed about healthcare reform and implications for preconception health care; share information with community healthcare partners; take action as opportunities emerge.

Work to expand availability of preconception health data.

Identify and utilize available preconception health data to inform program and policy decision making.



Goal 1: Public Awareness**Goal 2: Healthy Behaviors****2011-2012 Priorities****Action Plan**

Work with the following priority groups to increase health literacy of the populations with whom they have contact:

- 1) ADHS public health programs, their contractors, and related community partners;
- 2) Other State agency programs serving adults of childbearing age, initially home visitation and parent education programs;
- 3) Healthcare providers, their professional associations, and continuing education providers; and
- 4) Arizona Department of Education/Comprehensive School Health and ADHS teen pregnancy prevention programs.

(Indicators = groups engaged, new groups reached, partners addressing preconception health)

Reach target populations directly through use of social media and embed preconception health messages into other social marketing efforts, where possible. *(Indicators = populations reached, populations engaged)*

Convene a group of key community partners to guide future action.

Identify funding opportunities to support the preconception health plan.

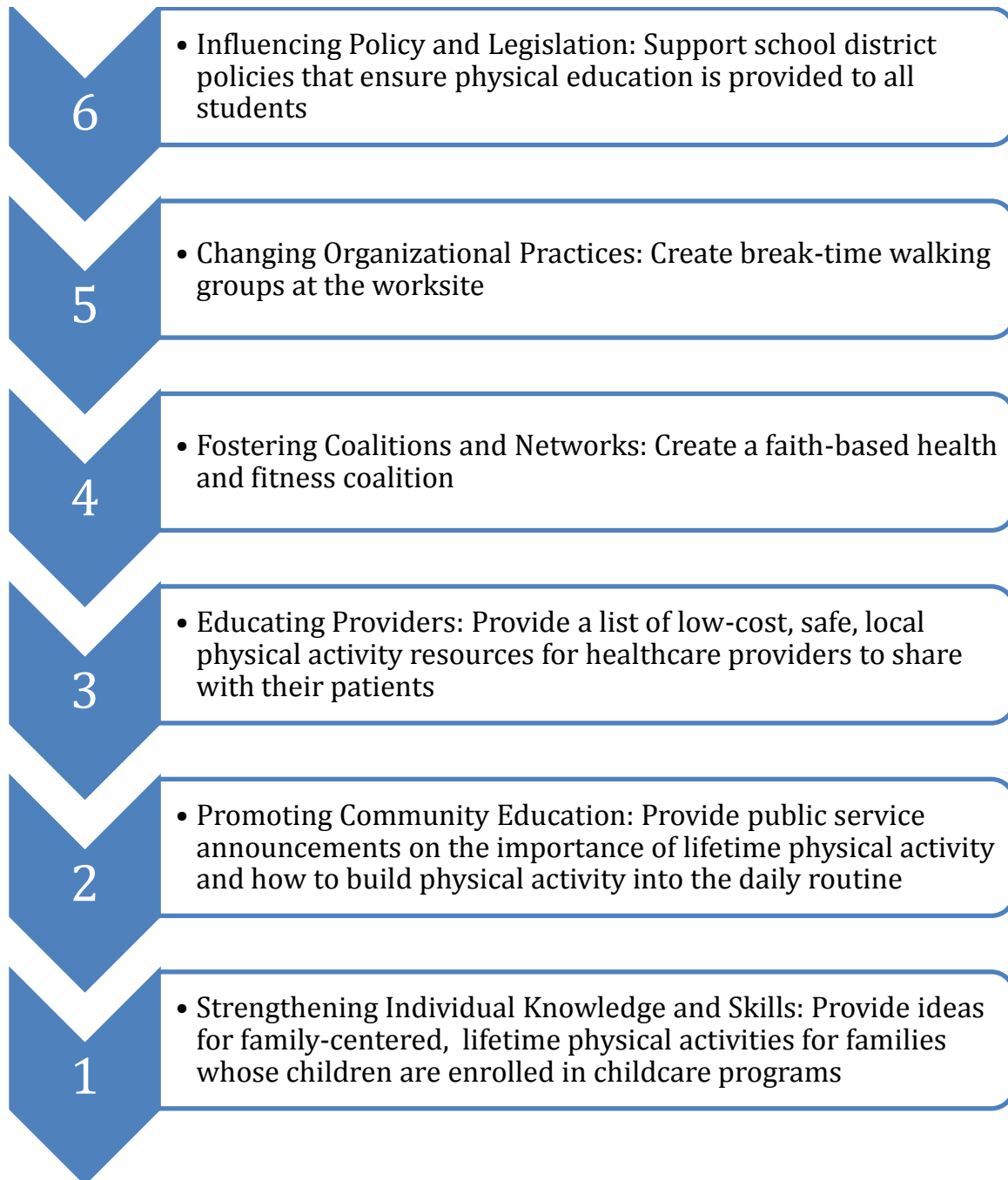
Identify and engage program partners; identify collaborative approaches with each partner.

Identify messages that are culturally appropriate and supported by scientific data, on the importance of preconception health, healthy behaviors, and how to access healthcare, resources, and support.

Select/develop materials, tools, templates, a peer education and support model, and training and education models to use with community partners.

Provide/facilitate community partners' access to information, technical assistance, training, and education.

A Variety of Approaches² to Promoting Preconception Health: A Physical Activity Example



² The Spectrum of Prevention used as the framework for this chart was developed by the Prevention Institute, www.preventioninstitute.com.

Goal 3: Access/Delivery of Quality Preconception Healthcare

2011-2012 Priorities

Work with the following priority groups to increase healthcare provider information about preconception health, including CDC's "Recommendations to Improve Preconception Health and Healthcare," new Federal requirements for preventive health services, and best practices/policies:

- 1) Medical associations (Arizona Medical Association, Arizona Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, Arizona Chapter);
- 2) Community health nurses and schools of nursing;
- 3) Behavioral health providers; and
- 4) Community health centers.

(Indicators = providers reached, information/presentations provided)

Document healthcare cost savings and develop a related financial model. *(Indicators = model created and disseminated)*

Promote coverage for preconception healthcare. *(Indicators = actions taken, partners engaged)*

Stay current on healthcare reform and implications for preconception health. *(Indicators = fact sheets created and disseminated)*

Assemble an Arizona preconception dataset based on currently available data. *(Indicators = dataset created and shared with partners)*

Produce a biennial report on the status of women's health in Arizona with a focus on preconception health. *(Indicators = report prepared and disseminated)*

Action Plan

Identify and engage healthcare partners.

Provide information to healthcare partners on preconception health and emerging promising or best practices.

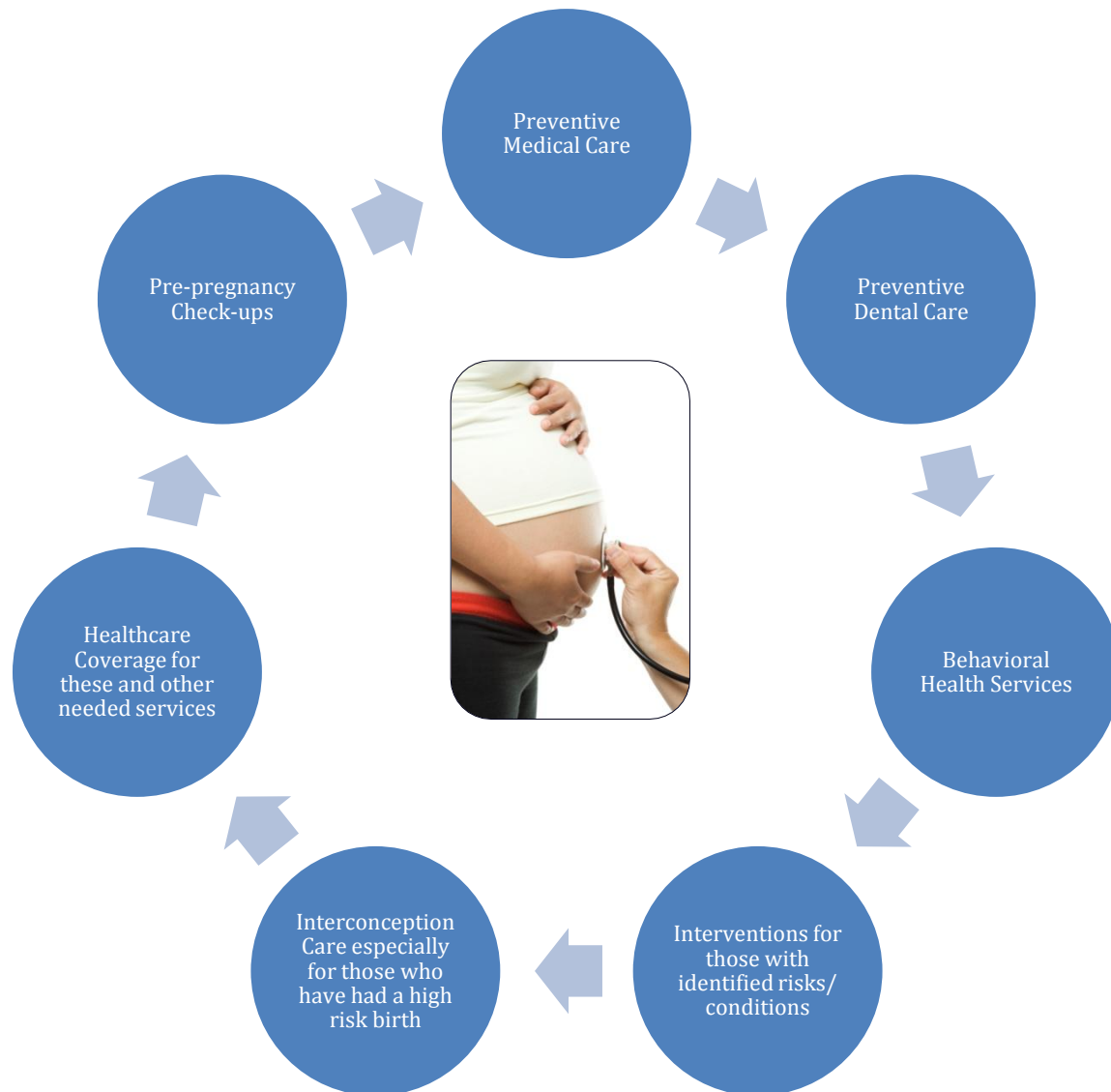
Monitor healthcare reform and provide information to healthcare partners.

Work with healthcare partners on a cost savings/financial model; share with decision-makers.

Convene a data group to identify a dataset.

Identify content and prepare a women's health status report.

The Array of Preconception Health Services



Potential Partners

State Agencies

- Arizona Department of Health Services
- Arizona Department of Economic Security
- Arizona Department of Education
- First Things First



Other Community Programs

- Adult Education Programs
- Breastfeeding Support Programs
- Correctional Facilities
- Early Care and Education Programs
- Family Planning Programs
- Foster Parent Training Programs
- Health Education Centers
- HIV/AIDS Programs
- Home Visitation Programs
- Immunization Programs
- Job Readiness Programs
- Life Skills Education Programs
- March of Dimes
- Nutrition Programs
- Parent Education Programs
- Prenatal Programs
- Programs for Pregnant Women
- Refugee Programs
- Substance Abuse Prevention/Treatment Programs
- Teen Pregnancy Prevention Programs
- Tobacco Prevention/Cessation Programs

Health Partners

- Arizona Public Health Association
- Behavioral Health Providers
- Community Health Centers
- County Health Departments
- Health Insurance Providers
- Health Plans
- Health-related Organizations, Associations, and Coalitions
- Healthcare Provider Education Programs
- Healthcare Providers
- Hospitals
- Indian Health Service
- Medical, Dental, Nursing, and Other Professional Associations
- Oral Health Providers
- Professional Student Associations
- Tribal Health Directors

Other Community Partners

- Advocacy Organizations
- Businesses
- Elected Officials
- Ethnic Organizations
- Faith-based Organizations
- Media
- Military
- Parks and Recreation
- Schools (Pre-K through Higher Education)
- Sororities and Fraternities
- Tribes/American Indian Communities
- Women's and Men's Health and Other Groups
- Youth-serving Organizations

Resources

American Academy of Family Physicians:

<http://familydoctor.org/online/famdocen/home/women/mental/443.html>

American Heart Association:

<http://www.americanheart.org>

Arizona Department of Health Services, Bureau of Women's and Children's Health:

<http://www.azdhs.gov/phs/owch/index.htm>

Arizona Department of Health Services, Bureau of Women's and Children's Health, Every Woman, Arizona (preconception health educational materials):

<http://www.azdhs.gov/phs/owch/publicat.htm>

Arizona Department of Health Services, Tobacco Education and Prevention Program:

<http://www.tobaccofreearizona.com/>

Association of Maternal and Child Health Programs:

<http://www.amchp.org/Pages/Welcome.aspx>

BMI Calculator:

<http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>

Bright Futures for Women's Health:

<http://www.hrsa.gov/womenshealth>

Bright Futures Health Promotion:

<http://www.brightfutures.org>

Centers for Disease Control and Prevention (preconception health):

<http://www.cdc.gov/ncbddd/preconception/default.htm>

Centers for Disease Control and Prevention (reproductive health/tobacco use):

<http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/index.htm>

CityMaTCH Lifecourse Toolbox:

<http://www.citymatch.org/lifecoursetoolbox>

Health Resources and Services Administration (HRSA) Information Center:

1-888-ASK-HRSA

It's Your Health:

http://www.hc-sc.gc.ca/iyh-vsv/life-vie/shs-fs_e.html

March of Dimes:

<http://www.marchofdimes.com>

Maternal Child Health Life Course Research Network

<http://healthychild.ucla.edu/LCRN.asp>

Maternal Stress:

<http://mchb.hrsa.gov/pregnancyandbeyond/depression/help.htm>

National Domestic Violence:

<http://www.ndvh.org>

National Institutes of Health:

http://www.nicdh.nih.gov/health/topics/preconception_care.cfm

National Institute of Mental Health:

<http://www.nimh.nih.gov/health/publications/depression-what-every-woman-should-know/summary.shtml>

Netwellness Consumer Health Information:

<http://www.netwellness.org/healthtopics/pregnancy>

<http://www.cdc.gov/nccdphp/dnpa/physical/importance/index.htm>

Office on Women's Health:

<http://www.womenshealth.gov> and <http://www.girlshealth.gov>

PRAMS Data:

<http://www.cdc.gov/PRAMS/UP.htm>

Preconception Health and Health Care Updates (newsletter):

<http://www.beforeandbeyond.org/index.php?page=breaking-news>

Spectrum of Prevention, Prevention Institute:

<http://www.preventioninstitute.org>

Spectrum of Prevention, Contra Costa Health Services:

<http://cchealth.org/topics/prevention/spectrum.php>

United States Department of Agriculture:

<http://www.mypyramid.gov>

U.S. Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Available at:

http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's National Drug and Alcohol Treatment:

<http://www.samhsa.gov/index.aspx>

Appendix 1

Strategic Planning Process Description

In May 2010, following the Preconception Health Care Summit held in Arizona in April, ADHS established the Preconception Health Strategic Planning Task Force for the purpose of creating a statewide plan for improving the preconception health of Arizonans. The intent was for the plan to foster awareness and implementation of CDC's "Recommendations to Improve Preconception Health and Health Care" by serving as a guide for stakeholders in both public and private sectors who are interested in and willing to play an active role. The plan would build on past successes and work already in progress, serve as a mechanism for coordinating and integrating the work of individual agencies and organizations, and provide a platform for identifying and taking advantage of funding opportunities.

In addition to representatives from several ADHS programs, members of the Task Force included representatives from the Apache County Public Health Department Services District, Arizona Association for Community Health Centers, Arizona Family Planning Council, Arizona Perinatal Trust, Asian Pacific Community in Action, Chandler Regional Medical Center, First Things First, Health Choice Arizona, March of Dimes, Maricopa County Department of Public Health, MIHS, Native Health/Health Start, Rural Health Office/University of Arizona College of Public Health, South Phoenix Healthy Start, Teen Outreach Pregnancy Services, and Yavapai County Community Health Services.

The Task Force met monthly from May through August 2010. The desired results for the first meeting (May 21, 2010) were that participants would have an understanding of the CDC recommendations for preconception health and an awareness of Arizona initiatives designed to improve preconception health and would have identified how Arizona is doing currently with respect to the CDC recommendations. During this meeting, the CDC goals and recommendations were reviewed and ideas that emerged from the Arizona Preconception Health Care Summit were shared. Categories for action identified by the Summit participants included: 1) fostering individual responsibility, 2) increasing consumer awareness, 3) increasing preventive healthcare visits, 4) improving interconception care, 5) increasing health insurance coverage for women with low incomes, 6) using public health programs and strategies, and 7) research.

Strategic planning task force members began work on a vision statement by answering the questions: What would success look like? How will we know it when we see it? From this discussion, a draft vision statement was created. The participants also identified current assets that can serve as a foundation for future action, including funding, programs, and potential partners. Finally, participants reviewed each of the ten CDC recommendations and made an assessment of Arizona's current status with respect to each and where they would like for Arizona to be in five years.

Preconception Health Strategic Planning Worksheet

CDC Goals: <ol style="list-style-type: none"> 1. Improve the knowledge and attitudes and behaviors of men and women related to preconception health. 2. Assure that all women of childbearing age in the US receive preconception care services that will enable them to enter pregnancy in optimal health. 3. Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children. 4. Reduce disparities in adverse pregnancy outcomes. 			
CDC Recommendations	Where do we want to be?	Where are we now?	What do we need to do?
1. Individual responsibility across the lifespan. Each woman, man, and couple should be encouraged to have a reproductive life plan.			
2. Consumer awareness. Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.			
3. Preventive visits. As part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.			
4. Etc.			

The desired results for the second meeting (June 11, 2010) were that the vision statement would be developed and that the task force would have identified the major areas of focus for the plan and begun to identify strategies to be undertaken in each of these areas. The Prevention Institute's Spectrum of Prevention was used to help stimulate thinking about possible strategies in the following categories: 1) strengthening individual knowledge and skills, 2) promoting community education, 3) educating providers, 4) fostering coalitions and networks, 5) changing organizational practices, and 6) influencing policy and legislation. Additionally, the task force identified and applied criteria to help guide their decision making about strategies. These were as follows: 1) the strategy is feasible to implement with few or no new resources; 2) the strategy is feasible to implement in the current environment; 3) the strategy will help us achieve the desired result for each of the target populations identified; and 4) the strategy will promote partnerships. The resulting matrix was used to begin development of the plan. The draft was then posted and written comments solicited for incorporation into the draft to be reviewed at the third task force meeting.

Preconception Health Strategic Planning Worksheet 2

Area of Focus	Type of Action (based on the Prevention Institute's <i>Spectrum of Prevention</i>)					
	Strengthening individual knowledge and skills	Promoting community education (groups)	Educating providers	Fostering coalitions and networks	Changing organizational practices	Influencing policy and legislation
1. Consumer awareness (why important, what to do, where to get support and other resources) <ul style="list-style-type: none"> • Through existing programs • Through schools • Through media, social networking, and other direct means <i>Will need to identify priorities and messages</i>						
2. Healthy behaviors (e.g., developing reproductive health plans, delaying pregnancy, healthy weight, physical activity, mental health, avoiding use of tobacco and drugs, seeking health care, being informed consumers of healthcare) <i>Will need to identify priorities</i>						
3. Integration with public health and other programs <i>Will need to identify priorities</i>						
4. Health care (availability, access, quality) <ul style="list-style-type: none"> • Preventive visits • Interventions for identified risk • Interconception care • Prepregnancy check-up • Health insurance coverage 						
5. Research/surveillance/data/evaluation						
6. Other?						

The desired results for the third task force meeting (July 30, 2010) were to have finalized major areas of focus and strategies. In this meeting, the task force also agreed on target audiences, the overarching message of the plan, a list of healthy behaviors, a list of health care services that contribute to preconception health, and a list of potential partners (program, community, and healthcare).

The desired results for the fourth and final meeting of the task force (August 27, 2010) were to reach agreement on realistic priorities for the first year of the plan. Additionally, the task force learned about national recommendations related to preconception health indicators and discussed the creation of a preconception health dataset for Arizona. Their recommendations were included in the draft plan. The task force also discussed the format for the plan and the desirability of convening an ongoing group focused on preconception health.

Appendix 2

Arizona Preconception Health Strategic Plan 2011-2015 Plan Diagram

VISION FOR THE FUTURE: *Healthy mothers, fathers, and babies*

Women and their partners enter into pregnancy as healthy as possible because they engage in healthy behaviors, ideally throughout their lifespan; have information, education, services, and support required to achieve good health; and live in safe and secure environments

PRECONCEPTION HEALTH GUIDING PRINCIPLES

✓Relates to both females and males ✓Starts at the beginning of one’s life ✓Includes physical health, mental health, and oral health ✓Occurs within the context of one’s family, community, and culture ✓Promotion of preconception health requires awareness, respect, and consideration of diversity in its many forms ✓The emphasis should be on promoting health, reducing risks, early detection and intervention to address health issues, improving social factors that impact health, and promoting policies that support health

GOALS	FIVE-YEAR STRATEGIES	ONE-YEAR PRIORITIES	MAJOR ACTIONS FOR 2011-2012
Goal 1: Public Awareness Increase public and provider awareness of the importance of preconception health, ways to improve preconception health, and available resources and	Work with and through community partners to increase health literacy (knowledge, skills, and confidence to take action that will lead to better health) among the public with whom they have contact Identify and leverage opportunities to work with and through community partners to promote environmental conditions that support healthy behaviors Identify and leverage opportunities to work with and through community partners to promote business/organizational and public policies that support healthy behaviors	Work with the following priority groups to increase health literacy of the populations with whom they have contact: 1) ADHS public health programs, their contractors, and related community partners; 2) other State agency programs serving adults of childbearing age, initially home visitation and parent education programs; 3) healthcare providers, their professional associations, and continuing education providers; and 4) Arizona Department of Education/Comprehensive School Health and ADHS teen pregnancy prevention programs. (<i>Indicators = groups engaged, new groups reached, partners addressing preconception health</i>) Reach target populations directly through use of social media and embed preconception health messages into other social marketing efforts, where possible (<i>indicators = populations reached, populations engaged</i>)	Convene a group of key community partners to guide future action Identify funding opportunities to support the preconception health plan Identify and engage program partners; identify collaborative approaches with each partner Identify messages that are culturally appropriate and supported by scientific data, on the importance of preconception health, healthy behaviors, and how to access healthcare, resources, and support Select/develop materials, tools, templates, a peer education and support model, and training and education models to use with community partners Provide/facilitate community partners’ access to information, technical assistance, training, and education
Goal #2: Healthy Behaviors Promote behavior that contributes to preconception health among both women and men throughout the lifespan	Provide information to healthcare providers and insurers on the benefits of preconception healthcare and best practices Work with and through healthcare providers, insurers, and other community healthcare partners to influence policy and practice Stay informed about healthcare reform and implications for preconception health care; share information with community healthcare partners; take action as opportunities emerge Work to expand availability of preconception health data Identify and utilize available preconception health data to inform program and policy decision making	Work with the following priority groups to increase healthcare provider information about preconception health, including the Centers for Disease Control and Prevention’s <i>Recommendations to Improve Preconception Health and Healthcare</i> , new Federal requirements for preventive health services, and best practices/policies: 1) medical associations (Arizona Medical Association, Arizona Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, Arizona Chapter); 2) community health nurses and schools of nursing; 3) behavioral health providers; and 4) community health centers (<i>indicators = providers reached, information/presentations provided</i>) Document healthcare cost savings and develop a related financial model (<i>indicators = model created and disseminated</i>) Promote coverage for preconception healthcare (<i>indicators = actions taken, partners engaged</i>) Stay current on healthcare reform and implications for preconception health (<i>indicators = fact sheets created and disseminated</i>) Assemble an Arizona preconception dataset based on currently available data (<i>indicators = dataset created and shared with partners</i>) Produce a biennial report on the status of women’s health in Arizona with a focus on preconception health (<i>indicators = report prepared and disseminated</i>)	Identify and engage healthcare partners Provide information on preconception health and emerging promising or best practices Monitor healthcare reform and provide information to healthcare partners Work with healthcare partners on a cost savings/financial model; share with decision-makers Convene a data group to identify a dataset Identify content and prepare a women’s health status report
Goal #3: Access/Delivery of Quality Preconception Healthcare Increase access to and delivery of physical, oral, and behavioral health services that			